

SUBSTITUTION OF ATTORNEY

Claim Petition No.(s): _____

District Office: _____

Submitted by: Attorney _____

Attorney For: _____

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SOCIAL SECURITY NUMBER:

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NAME:

The undersigned hereby consents to the substitution of

_____ as attorney for _____

in the above entitled matter.

Dated:

Signature
Withdrawing Attorney

Signature
Superceding Attorney

Withdrawing Attorney

Firm Name:

Superceding Attorney

Firm Name:

Address:

Telephone No.:

Frequent Filer Code:
(If Available)

(Please provide one of the following)

- ☐ Federal Employer I.D. No.
☐ N.J. Employer Reg. No.
☐ S.S. No.

The Privacy Act, 5 U.S.C. § 552a, the Social Security Act, 42 U.S.C. § 405, and *N.J.S.A. 34:15-1 et seq.* authorize the Division of Workers' Compensation to request that the Petitioner supply the Division with his or her Social Security number for record keeping purposes and cross-matches with the Social Security Administration, Workforce New Jersey, Temporary Disability Insurance and any other proper public purpose.